



## CENTRON SECURITY SERVICES

## Daily Security Report

Client No. <b>2036</b>		Client Name <b>O.H. Materials</b>				Location <b>1002 Oswego St. Utica</b>				Date <b>12/13/86</b>																			
Facility Equipment		Detex Clock No.		Weapon No.		Holster		Nightstick		Raincoat		Flashlight		Other <b>Keys - gate, trailer</b>															
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.																													
Officer - Day Shift (Name) <b>Kenneth Halif</b>								Officer - Swing Shift (Name) <b>Steve DelVecchio</b>				Officer - Grave Shift (Name) <b>Tim Power</b>																	
Shift Began <b>8</b> <b>AM-PM</b> Ended <b>4</b> <b>AM-PM</b>								Shift Began <b>4</b> <b>AM-PM</b> Ended <b>12</b> <b>AM-PM</b>				Shift Began <b>12</b> <b>AM-PM</b> Ended <b>8</b> <b>AM-PM</b>																	
Observations or actions taken		Yes		No		Explanation		Yes		No		Explanation		Yes		No		Explanation											
Rounds or stations missed				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<b>See remarks</b>				<input checked="" type="checkbox"/>													
Unlocked doors, gates or windows				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>													
Unlocked vaults or safes				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>													
Fire-smoke or hazards				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>													
1. Extinguishers missing or defective				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>													
2. Sprinkler system defective				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>													
3. Fire doors or exits blocked				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>													
4. Rubbish accumulation				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>													
5. Motors running				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>													
6. Lights left burning				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>													
Injury hazards				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>													
Visitors				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>													
Trespassing				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>													
Violation of company rules				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>													
Remarks <b>Made visual check every hour. Fence line and building secured. (P)</b> <b>Made Rounds - checked premises every hour - all secure. (K.F.)</b> <b>Made visual check every hour, large hole in fence line on Oswego St. (K.F.)</b>																													
<b>IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.</b>																													
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.					
Yes		<input checked="" type="checkbox"/>		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No			
2. Did you suffer any illness?		Yes		<input checked="" type="checkbox"/>		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?		Yes		<input checked="" type="checkbox"/>		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Signatures		1		<b>Kenneth Halif</b>		2		3		1		<b>Steve DelVecchio</b>		2		3		1		<b>Tim Power</b>		2		3					
Signatures		2								2								2											
Signatures		3								3								3											

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